U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 66-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 of 440.

| 1. File Number U - \$1.43 | For Official Use Only READ THE INSTRUCTIONS CAREFO | JLLY BEFORE PREPARING THIS REPORT. |
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| J. Name and address of person filing. A. Name and address of person filing. A. Name, file number, and address of labor organization. Name Paul Taormina Taormina Paul Taormina Labor Organization File Number CP7—207 P.O. Box, Bidg., Room No., if any Street 609 Penn Avenue City Midland City Midland City Pittsburgh State PA ZiP Code+4 15059 A Melc an interest in, ecapaged in transactions fulluting loans) with, or derived incorned or other commonic benefit of monetary value from an employer whose employees your organization represents or is actively adding to represent. A. Name and address of Employer (including stade name, if any). Name Trade Name, if any. P.O. Sox, Bidg., Room No., if any ZiP Code+4 Signature 15. Signature and verification. The undersigned declaves, under penalty of Perfury and other applicable penalties of the law, that all of the information submitted in this record (including the information contained in any accompanying documents), has been examined by the signatory and is, to the test of the undersigned and belief, true, correct, and complete. (See the section on penalties in the instructions.) | 1. File Number U · \$163 | 2. Fiscal Year Covered From: |
| Paul Taormina Name Teamsters Local Union No. 926 Labor Organization File Number @19-30-7 P.O. Box, Bidg., Room No., if any Street 609 Penn Avenue City Midland State PA ZP Code++ 15039 Shale PA ZP Code++ 15039 Shale PA ZP Code++ 15039 A Melid an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an amployer whose employees your organization represents or is society satisfactor or income. A Melid an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is society satisfactor represents. A Name and address of Employer (including trade name, if any). 7. a. Nature of interest, Transaction, or income. Signature 15. Signature and verification. The undersigned declares, under penalty of Perluy and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and self-free, correct, and complete. (See the section on penalties in the instructions.) | | 01 / 01 / 2004 Through: 12 / 31 / 2004 |
| Labor Organization File Number CP9 - 30 7 P.O. Box, Bidg., Room No., if any P.O. Box, Bidg., Room No., if any P.O. Box, Building and Room Number if any Suite 1804 Street 609 Penn Avenue Street 625 Stankix Street City Pittsbursh State PA ZiP Code + 15059 State PA ; ZiP Code + 15222 Sheation in labor organization. Business Agent Enter appropriate data balow if, during the past facal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the excitations set forth in the instructions): A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose entiployees your organization represents or is society backing to represent. 5. Name and address of Employer (including trade name, if any). Name Trade Name, if any. P.O. Box, Bidg., Room No., if any Tight and address of Employer (including trade name, if any). Street Signature 15. Signature and verification. The undersigned declares, under penalty of Perlumy and other applicable penalties of the law, that at of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's and wellef true, correct, and complete. (See the section on penalties in the instructions.) | 3. Name and address of person filing. | 4, Name, file number, and address of labor organization. |
| P.O. Box, Bidg., Room No., if any Street 609 Penn Avenue Street 625 Stanwix Street City Midland City Pittsburgh State PA ZiP Code +4 15059 State PA ZiP Code +4 15222 5. Position in labor organization Business Agent Enter appropriate data below if, during the past fiscal year, you or your apouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively sacking to represent. 5. Name and address of Employer (including trade name, if any). Name Frade Name, if any: P.O. Sox Bidg. Room No., if any 7.a. Nature of Interest, Transaction, or income. Street City State ZIP Code - 4 Signature 7.b. Amount. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned and belief true, correct, and complete (See the section on penalties in the instructions.) | Paul Taormina | and the state of t |
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| Signed X On 8/10/05 412-281-4633 | submitted in this report (including the information contained in any accompan- | VIDO COCUMENTS), has been examined by the signatory and is, to the hest of the |
| Oate Telephone Number | Signed X | |

| | and the second of the second o |
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| Name of Person Filing Paul Taormina | File Number U- |
| B. Held an interest in or derived income or economic benefit with monet substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor or | ogremsia dealing with the obstitess (is actively seeking to represent, or or indirectly to, or otherwise |
| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: |
| Name Bakery Drivers Welfare Fund | |
| Trade Name, if any: | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| P.O. Box, Bidg., Room No., If any Suite 1801 | a. Employer |
| Street 625 Stanwix Street | |
| City Pittsburgh State PA ZiP Code +4 15222 | |
| State KA ZIF GOGETT ZIFER | fd is Network of such devices |
| 10, If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. Payment for travel expense to attend |
| Name | Trustee Educational Conference relate to Fund issues and administration |
| Trade Name, if any: | to rund 133des and administration |
| P.O. Sox, Bidg., Room No., If any | |
| Street . | 11.b. Approximate dollar value of such dealing. : \$379.70 |
| State ZIP Code + 4 | 12.a. Nature of interest held or income received. Payment to Union Trustee for Trustee! |
| ************************************** | travel expenses to attend Educational Conference on behalf of Welfare Fund |
| | |
| | 12.b. Amount, |
| C. Received from any employer (other than an employer covered or from any labor relations consultant to an employer any payment of r | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment |
| Name : | |
| Trade Name, if any: | |
| P.O. Box, Bldg., Room No., if sny | |
| Street | |
| City | |
| State ZiP Code + 4 | |

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